# A GUIDE TO PRESCRIBING, ADMINISTERING AND DISPENSING

## CONTROLLED SUBSTANCES IN MISSOURI

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PREPARED AND DISTRIBUTED BY THE MISSOURI TASK FORCE ON MISUSE, ABUSE AND DIVERSION OF PRESCRIPTION DRUGS

# A GUIDE TO PRESCRIBING, ADMINISTERING AND DISPENSING CONTROLLED SUBSTANCES IN MISSOURI

Prepared by the Missouri Task Force on Misuse, Abuse and Diversion of Prescription Drugs

MEMBERS

Missouri Board of Pharmacy
Missouri Dental Board
Missouri State Board of Nursing
Missouri State Board of Optometry
Missouri State Board of Podiatric Medicine
Missouri Veterinary Medical Board
Missouri State Board of Registration for the Healing Arts
Bureau of Narcotics and Dangerous Drugs, Dept. of Health
Division of Alcohol and Drug Abuse, Dept. of Mental Health
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Missouri Pharmacy Association
Missouri State Medical Association
Missouri Physicians' Health Program
Missouri Veterinary Medical Association
Missouri State Troopers Association
Missouri Pharmaceutical Manufacturers Association
Drug Enforcement Administration
Missouri League for Nursing

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# Task Force Suggestions and Cautions

### Patient Care

- Do not prescribe in the absence of medical need. Do a workup sufficient to support a diagnosis, including necessary tests.

- Determine what drugs your patient is using. Obtain the names and addresses of any other practitioners the patient may be seeing. Verify the patient's current address.

- Explain to your patient the relative risks and benefits of a controlled substance medication based on information in the FDA labeling or professional drug literature.

- Maintain regular monitoring of your patient, including regular physical evaluations.

- Make sure you determine what drug therapy is therapeutically appropriate and that you remain in control of the supply of medication.

- Maintain a thorough medical record that includes history and physical diagnosis, medical indication supporting the diagnosis and a treatment plan with appropriate referrals if needed.

- Keep detailed records of the patient's progress or lack of progress. Review on a periodic basis.

- Do not prescribe, dispense or administer controlled drugs outside the scope of your professional practice, or in the absence of a formal practitioner-patient relationship. Don't prescribe controlled substance medications for family members or employees.

### Drug Seeking Patients

- Be aware of the drug-seeking patient (*see* "What Are Common Characteristics of Drug-Seeking Patients?" on page 16).

- Secure your prescription pads as you would controlled substances.

### Prescribing

- Do not pre-sign prescription blanks or use signature stamps; an original signature is required. Pre-signed prescription blanks and stamped signatures are prohibited by law.

- Do not pre-date or post-date prescriptions; a prescription for a controlled substance medication is required by law to be dated on the day it is issued.

### Record Keeping

- Violations of state and federal controlled substance law occur most often in the area of required record keeping. Become familiar with requirements of the law in this area. Maintain adequate records of all prescriptions, written orders, telephone orders and authorized refills, as well as all controlled substances dispensed and administered.

# Registration Information

For an individual practitioner to conduct any activities with controlled substances in Missouri, they must obtain registrations from both the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) and the federal Drug Enforcement Administration (DEA). (A DEA registration may not be required in certain situations.) Individual practitioners include physicians, dentists, optometrists, podiatrists and veterinarians. Practice sites such as offices and clinics are not registered separately from individual practitioners.

If a registered professional nurse has a collaborative practice arrangement with a physician and wishes to administer or dispense controlled substances from a physician's stock supply when the physician is not physically present to directly supervise such activities, the nurse must obtain a controlled substances registration from the Bureau of Narcotics and Dangerous Drugs. The controlled substances registration does not permit a nurse to prescribe controlled substances nor can a nurse obtain a controlled substances registration from the DEA in Missouri.

A BNDD registration and a DEA registration must each be renewed every three years. The BNDD registration terminates if a practitioner discontinues practice at their registered location without proper notification. If this occurs, the practitioner may no longer prescribe, administer, dispense or possess controlled substances. If the BNDD is notified in writing, within 30 days of a change of practice location, then their registration may be amended.

- Administering/Dispensing
  A BNDD registration is required to administer or dispense controlled substances. The registration may be maintained at any Missouri practice location, and allows the practitioner to administer and dispense from controlled substance supplies held under the registration of another practitioner. A DEA registration is not required if the practitioner only administers or dispenses (but does not prescribe) as an agent of another practitioner who is registered with BNDD and DEA.

- Prescribing
  A BNDD registration is required to prescribe controlled substances, either by writing, telephoning, faxing or computer transmitting a prescription to be filled by a pharmacy. The registration may be maintained at any Missouri practice location. A DEA registration is required for prescribing except when the practitioner is an agent or employee of a hospital acting within the scope of employment of the hospital.

- Maintaining Supplies of Drugs
  Both BNDD and DEA registrations are required for maintaining controlled substances supplies. Separate registrations must be maintained at each separate location where supplies are maintained. If supplies are received under more than one practitioner's DEA registration number at the same location, the supplies and required records must be kept separate.

# A Guide to Prescribing, Administering and Dispensing Controlled Substances in Missouri

The abuse of prescription drugs - especially controlled substances - is a serious social and health problem in Missouri and the United States. As a practitioner, you share responsibility for preventing prescription drug abuse and diversion. Prescribing controlled substance medications is always a balancing act; the physician must do his or her best to safely and effectively treat their patients while at the same time avoid prescription practices that could potentially foster drug misuse or abuse. The information provided in this booklet is intended to aid physicians and other health professionals in their practice.

- You have a legal and ethical responsibility to uphold the law and to help protect society from drug abuse.
- Protect your practice from becoming an easy target for drug diversion and remember that you have a legal responsibility to acquaint yourself with the state and federal requirements for the prescribing and dispensing of controlled substances. Should you fail to abide by the requirements, you are subject to the loss or restriction of controlled substances privileges and discipline by the appropriate professional state licensing board.

This booklet will help you meet these responsibilities. It summarizes key aspects of Missouri and federal controlled substance law and outlines common sense procedures that practitioners can use to prevent diversion of these drugs.

# What Are Controlled Substances and Who "Controls" Them?

A controlled substance is a drug or other substance that comes under the jurisdiction of the Federal Controlled Substances Act of 1970. Narcotics, depressants, stimulants, hallucinogenics and anabolic steroids are regulated by the Controlled Substances Act (CSA) and are listed in one of five schedules.

Schedule I substances have a high potential for abuse and no accepted medical use in the U.S. Schedule II drugs also have a high abuse potential with a severe liability for psychic or physical dependence, but in general are substances that are approved by the FDA for a therapeutic use. Schedules III-V include drugs with decreasing levels of abuse potential. Representative examples are given in this booklet by a common or generic name. Some are accompanied by a common trade name in parentheses. There are a few differences between federal and state listings of controlled substances.

The Comprehensive Drug Control Act of 1989, administered by the Bureau of Narcotics and Dangerous Drugs in the Missouri Department of Health, closely parallels federal law. In some instances, however, Missouri's law is more stringent and takes precedence over federal law. For example, in Missouri, narcotic-containing cough syrups and certain products that contain ephedrine are listed in Schedule IV and can not be purchased without a prescription.

# Schedules of Controlled Substances

**Common Examples –** (this is not a complete listing of controlled substance drugs.)

**SCHEDULE I** * These drugs cannot be prescribed except in special research situations and with a special registration. They are not approved for medical use in the U.S. by the FDA.

DMA
gamma hydroxybutyric acid (GHB)
heroin
LSD
marijuana
MDMA
mescaline
methaqualone (Quaalude)
peyote

**SCHEDULE II** * The quantity that may be authorized to be dispensed is limited to a maximum 30-day supply for any one prescription. * Refills are not allowed. Prescriptions can not be communicated by telephone except in a true emergency situation.

amobarbital (Amytal)
butyl nitrite (Rush)
cocaine
codeine
dextroamphetamine (Dexedrine, Adderal)
diprenorphine (M 50-50)
dronabinol (Marinol)
etorphine (M 99)
fentanyl (Sublimaze)
glutethimide (Doriden)
hydromorphone (Dilaudid)
levomethadyl (Orlaam)
meperidine (Demerol)
methadone (Dolophine)
methamphetamine (Desoxyn)
methylphenidate (Ritalin)
morphine (Roxanol, MS Contin, MSIR)
opium
oxycodone (Percocet, Tylox, OxyContin)
pentobarbital (Nembutal)
phencyclidine (PCP)
secobarbital (Seconal)
sufentanil (Sufenta)

**SCHEDULE III** * Maximum 90-day supply may be dispensed at one time, maximum five refills within a six-month period. * Phone prescriptions allowed.

benzphetamine (Didrex)
buprenorphine (Buprenex)
butalbital (Fiorinal)
codeine (Tylenol w/codeine, Fiorinal w/codeine)
dihydrocodeine (Synalgos DC)
fluoxymesterone (Halotestin)
gamma hydroxybutyric acid dose form (GHB, Xyrem)
hydrocodone (Tussionex, Vicodin, Lortab, Norco)
ketamine (Ketalar, Vetalar, Ketaset)
methyltestosterone (Android, Oreton)
nandrolone (Deca-Durabolin)
opium (Paregoric)
pentobarbital (Beuthanasia-D Special)
phendimetrazine (Prelu-2)
stanazolol (Winstrol)
testosterone (Android-T, Delatestryl)
thiopental (Pentothal)
tiletamine/zolazepam (Telazol)

*See chart on page 11.

**SCHEDULE IV** *Maximum 90-day supply, maximum five refills within a six-month period.* Phone prescriptions allowed.

alprazolam (Xanax)
butorphanol (Stadol, Torbugesic)
chloral hydrate
chloradiazepoxide (Librium)
clonazepam (Klonopin)
clorazepate (Tranxene)
codeine (Robitussin AC, Phenergan w/codeine)
dexfenfluramine (Redux)
dextropopoxyphene (Darvon, Darvocet)
diazepam (Valium)
difenoxin (Motofen)
diethylpropion (Tenuate)
ephedrine
ethchlorvynol (Placidyl)
fenfluramine (Pondimin)
flurazepam (Dalmane)
lorazepam (Ativan)
mazindol (Sanorex)
mephobarbital (Mebaral)
meprobamate (Equanil)
methohexital (Brevital)
midazolam (Versed)
modafinil (Provigil)
paraldehyde
pemoline (Cylert)
pentazocine (Talwin)
Phenobarbital
phentermine (Ionamin, Fastin)
temazepam (Restoril)
triazolam (Halcion)
zaleplon (Sonata)
zolpidem (Ambien)

**SCHEDULE V** *Maximum 90-day supply; phone prescriptions allowed.

diphenoxylate (Lomotil)

**EXEMPTED or EXCLUDED SUBSTANCES**

butalbital (Fioricet)
chlordiazepoxide Librax)
1-deoxyephedrine (Vicks inhaler)
propylhexedrine (Benzedrex inhaler)

*See chart on page 11.

# What Constitutes a Legitimate Prescription for a Controlled Substance?

Federal and state regulations specify legitimate purposes for prescribing controlled substances:

- A prescription for a controlled substance is valid only if it is issued for a legitimate medical purpose by a practitioner acting in the usual course of their professional practice.

  Three criteria should be met:
  1. The patient must desire treatment for a legitimate illness or condition.
  2. A practitioner must establish a legitimate need through assessment, utilizing pertinent technical diagnostic modalities.
  3. There must be reasonable correlations between the drugs prescribed and the patient's legitimate needs.

- The Intractable Pain Act, passed in 1995, provides guidelines for the treatment of chronic, intractable pain. This law was intended to clarify the parameters for treating chronic pain with controlled substances. The physician must document the diagnosis and treatment of chronic pain in the patient record and the use of controlled substances must be therapeutic in nature and manner utilized. Physicians may not prescribe or dispense controlled substances to a patient for chemical dependency unrelated to intractable pain or to a patient who the physician knows, or should know is using the medication in a non-therapeutic manner (unless they are approved and registered as a narcotic treatment program).

  Physicians may be subject to disciplinary action for nontherapeutic use of controlled substances, failing to keep accurate on-going treatment records, failing to keep complete and accurate controlled substance records, writing false or fictitious prescriptions, or prescribing controlled substances in a manner inconsistent with state or federal drug laws.

- Practitioners may not issue a prescription to obtain controlled substances for dispensing to patients. Practitioners can purchase controlled substance medications for stock from a drug distributor or pharmacy. A DEA form 222 must be used to obtain Schedule II controlled drugs. Each practitioner must maintain documentation as required under state and federal laws.

- Controlled drugs for a practitioner's personal treatment must be prescribed by another appropriate practitioner, under the basis of an established practitioner/patient relationship. Practitioners are prohibited by law from prescribing or dispensing controlled drugs for their personal use except in a true medical emergency.

- It is recommended that practitioners do not prescribe, dispense or administer controlled drugs to office staff or family members. If the physician does decide to treat family members or employees, the physician must do so under the auspices of a legitimate patient/physician relationship and in "good faith". This includes performing a proper evaluation, maintaining a chart, listing a diagnosis, plan of treatment and prognosis, and using the same documentation and care as with regular patients.

- For dentists, veterinarians, podiatrists and optometrists certified to use therapeutic pharmaceutical agents licensed by their respective professional boards, the prescribing, administering, dispensing or distribution of controlled substances is limited to the scope of their respective professional practice after establishment of a practitioner/patient relationship. If the practitioner does prescribe, dispense or administer to office staff or family members, these individuals must be treated in the same manner as regular patients. This includes maintaining a chart, listing a diagnosis, plan of treatment and prognosis, and using the same documentation and care as with regular patients.

- "Internet Prescribing" – The Internet is primarily a communications tool that can be used to facilitate any type of business. The DEA issued a notice on April 27, 2001 in the Federal Register in reference to practitioners using the Internet as part of their business.

  Some practitioners prescribe medications based on an on-line Questionnaire. Federal law requires that "A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice" (21 CFR 1306.04(a)). Every state separately imposes the same requirement under its laws. Under Federal and state law, for a practitioner to be acting in the usual course of professional practice, there must be a bona fide practitioner/patient relationship.

  For purposes of state law, many state authorities, with the endorsement of medical societies, consider the existence of the following four elements as an indication that a legitimate practitioner/patient relationship has been established:

  - A patient has a medical complaint;
  - A medical history has been taken;
  - A physical examination has been performed; and
  - A legitimate clinical relationship exists between the medical complaint, the medical history, the physical examination, and the drug prescribed.

  Completing a questionnaire that is then reviewed by a practitioner hired by an Internet pharmacy can not be considered the basis for a practitioner/patient relationship. A consumer can more easily provide false information in a questionnaire than in a face-to-face meeting with a practitioner. It is illegal to receive a prescription for a controlled substance without the establishment of a legitimate practitioner/patient relationship, and it is unlikely for such a relationship to be formed through Internet correspondence alone.

# How to Issue a Legal Prescription.

Prescriptions for controlled substances must be dated and signed on the day issued. A prescription must include the following information:

- Name and address of the patient
- Name, address and DEA registration number of the prescribing practitioner
- Signature of the prescribing practitioner
- Name and quantity of drug prescribed
- Specific Directions for use (avoid using "as needed" or "as directed")

It is the practitioner's responsibility to provide this information. It is the pharmacist's responsibility to verify that it is properly provided.

Practitioners who prescribe controlled substances must maintain a record of all such prescriptions, either in the patient's chart or in a separate log. This includes refills. If the patient's chart is used, all controlled substance prescription information must be maintained separately from all other records or in a form or format so that it is readily retrievable (readily retrievable is defined in Regulation 19 CSR 30-1.011).

If a separate log is maintained for prescriptions for controlled substances, the record should include the date, full name and address of the patient, the drug name, strength, dosage form, and quantity.

This table outlines state and federal limitations on prescriptions for controlled substances.
**Note:** Limitations are more stringent for Schedule II prescriptions.

| Prescription Characteristic | Limitation Schedule II | Limitation Schedule III and IV | Limitation Schedule V |
|---|---|---|---|
| Mode of issuing prescription | Written, verbal (only in a bona fide emergency)←, fax↑ or computer→ | Written, verbal, fax↑ or computer→ | Written, verbal, fax↑ or computer→ |
| Refills | None allowed – partial filling allowed for terminal patients or patients in long-term care facilities | Maximum of five within six months of issuing prescription | As authorized by the physician. |
| Length of prescription validity | Six months | Six months | One year |
| Quantity limitations | 30 days ↓ | 90 days | 90 days |

← Emergency means that the immediate administration of the drugs is necessary for proper treatment, that no alternative treatment is available, and it is not possible to provide a written prescription order for the drug at that time. In the case of a bona fide emergency, a practitioner may telephone or transmit by fax a prescription order to a pharmacist for a controlled substance in Schedule II. In such a case, the drug prescribed must be limited to the amount needed to treat the patient during the emergency period. Within 7 days, the practitioner must furnish to the pharmacy a written, signed prescription for the controlled substance and quantity prescribed. The pharmacist is required by law to notify DEA and BNDD if a written prescription is not received within 7 days.

↑ All written, signed prescriptions may be transmitted by fax. When the drug is in Schedule II, the original prescription must be presented to the pharmacist before the medication may be dispensed to the patient, **except** when the prescription is for:

- a long-term care facility resident;

- a patient in a hospice program; or
- the prescription is for a dosage form of narcotic preparation that is administered by infusion. (parenteral, intravenous, intramuscular, subcutaneous, or intraspinal)

The face of the original prescription for all schedules must be signed and dated after transmission and then filed chronologically at the practitioner's office, except when the original Schedule II prescription must be presented to the pharmacist.

→ The DEA approves computer prescription transmission if the prescriber and the receiving pharmacist handle the prescription the same as they would a telephoned prescription. The prescription must be written or transferred to a hard copy for filing. In addition, Missouri regulations also require the practitioner to maintain a signed printout of each days transmissions, and the pharmacist must verify the prescription with the prescriber within 30 days.

↓ These quantities can be increased to a three-month supply if the physician describes on the prescription form (in writing) the medical reason for requiring the larger supply. (**Note**: A pharmacist can not do this after communicating with the physician. The physician must write the medical reason on the prescription.)

# What Procedures and Records Are Required When Dispensing and Administering?

A practitioner must provide direct supervision to employees who assist in administering and dispensing. Controlled substances may be administered or dispensed from an individual practitioner's inventory by an authorized employee or agent when the practitioner is not present at the registered location **only** when—

(A) The administration or dispensing is authorized by the individual practitioner under a written agreement pursuant to an arrangement established and implemented in accordance with Missouri statutes;
(B) The person who administers or dispenses the controlled substance is authorized by statute to administer or dispense controlled substances;
(C) The person who administers or dispenses the controlled substance is registered with the Department of Health to administer or dispense controlled substances;
(D) The person who administers or dispenses the controlled substance does so in compliance with all provisions of Chapter 195, RSMo and subsections (1)(B), (C) and (D) of this rule.

For example**,** under a collaborative practice arrangement with a physician, a registered professional nurse may administer or dispense controlled substances after direct consultation with the physician, within the nurse's scope of practice and consistent with their skill, training and competence. The nurse can not prescribe controlled substances. The nurse must obtain a Missouri Controlled Substances Registration (if they wish to dispense or administer when the physician is not present). A nurse may not obtain a DEA registration in Missouri. The collaborative practice physician must maintain BNDD and DEA registrations at the collaborative practice site and is responsible for all controlled substance activities, including purchasing controlled substances and authorizing receipt of controlled substance samples.

Drugs dispensed must be packaged in child-resistant containers and be labeled with the date, the name and address of the practitioner, the name of the patient, the drug's name and strength, directions for use, and the appropriate warning label(s).

Records must be maintained for two years for all controlled substances received, dispensed, administered or otherwise disposed of, including invoices, return receipts, dispensing, administration and destruction records.

When controlled substance medications are dispensed to a patient for future use, a dispensing log must be maintained (separate from the patient's medical record) and must include:

- Complete patient name;
- Complete patient address, including city;
- Drug name, strength and dosage form;
- Quantity dispensed;
- Date dispensed; and
- Name or initials of person dispensing.

A dispensing/administration form is available from the BNDD.

Administration records must contain the same information as dispensing records. Although they may be kept in the patient's medical record, they must be readily retrievable. It is recommended they be kept on the dispensing/administration log.

A complete inventory of all controlled substances must be taken and recorded every year. A continuous (perpetual) inventory is highly recommended and can be conveniently maintained as part of the dispensing/administration log for each drug. A perpetual inventory does not fulfill the requirement for a complete inventory taken every year.

Records must be kept of controlled substances transferred or distributed to other practitioners or other office locations. A license from the Missouri State Board of Pharmacy may be required in certain situations.

Expired or unwanted controlled substances may not be destroyed except in special circumstances pursuant to state and federal regulations. Controlled substances may be returned to the original supplier using a DEA Form 222 (for Schedule II) or a proper record of transfer for Schedules III-V. They may also be transferred to a reverse distributor company that is registered with the DEA. A list of these companies is available from the BNDD or DEA.

Controlled substance samples must be treated in the same manner as any other controlled substance stock; including maintaining, receiving, inventory, dispensing and destruction records. Regulations for packaging and labeling when dispensing must be followed.

If more than one practitioner in an office or clinic receives controlled substances (including samples) under separate DEA registrations, all records and supplies must be maintained separately. Please contact the BNDD for procedures to combine records and supplies under a primary practitioner in group practice situations.

# Where Should Controlled Substances Be Stored?

Individual practitioners must store controlled substances in a securely locked, substantially constructed cabinet or safe. Access to the storage area should be restricted to persons specifically authorized to handle the controlled substances. This includes restricting the number and accessibility of keys or passwords.

Any loss or theft of controlled substances or DEA 222 order forms must be reported to the DEA and BNDD. Loss Report forms are different for each agency. You may contact the BNDD at 573/751-6321 to obtain both loss reporting forms. Thefts of controlled substances should also be reported to your local law enforcement agency.

# How to Prevent Diversion and Abuse of Prescription Drugs

Adherence to state and federal regulations goes a long way in protecting your practice from becoming a source of drug diversion and prescription drug abuse. Unfortunately**,** forged and altered prescriptions are a major source of drug diversion.

**Suggestions for Practitioners on How to Protect their Practice and Patients:**

- Store all unused prescription pads in a secure/locked place. Carry one pad with you for use. Do not leave pads in patient examining or waiting rooms.
- Have prescription blanks numbered consecutively when printed so you can tell if some sheets are missing.
- Never sign prescription blanks in advance. This is prohibited by law!
- Write out the actual amount of medication prescribed, in addition to using Arabic or Roman numerals.
- Write prescriptions in ink to prevent changes.
- Do not use prescription blanks for writing notes or memos.
- Respond to a pharmacist's request for prescription verification. It is the responsibility of the pharmacist to deny a prescription for a controlled substance if they can not verify that it was legitimately authorized.
- Make and maintain photocopies or carbon copies of prescriptions for controlled substance medications in the patient's chart. This allows the prescribing practitioner to determine if any changes or alterations were made to a prescription after it left the practitioner's office.

# What Are Common Characteristics of Drug-Seeking Patients?

Patients seek to obtain medication from their physician for one of two reasons. Most patients simply wish to obtain medication to treat a legitimate illness or condition, but some patients visit a physician to obtain controlled substance medications for a non-therapeutic reason.

Unfortunately, even some patients with legitimate medical conditions may attempt to see multiple physicians or utilize multiple pharmacies to obtain medications. They may do this because the dose or type of medication they receive does not adequately treat their pain or they may simply be embarrassed by their need for medication to treat their pain. When a patient utilizes multiple physicians and/or multiple pharmacies to obtain medication solely to treat legitimate pain adequately, it is termed pseudo-addiction as the patient is not truly addicted, but they exhibit one or more of the behaviors typical of a patient addicted to narcotics or other controlled substance medications.

Periodic evaluations, good communication skills, safe and effective therapy and good recordkeeping all contribute to preventing this type of problem.

The true drug-seeking patient, also known as a "professional patient," is usually unfamiliar to the practitioner, but may become a regular patient if he or she finds the practitioner easy to manipulate in obtaining desired medications. The person may claim to be from out-of-town and has lost or forgotten a prescription of medication. Abusers may contend to be a patient of a practitioner who is currently unavailable, and ask for a prescription renewal. Drug seekers generally have no interest in diagnosis, fail to keep appointments for further diagnostic tests or refuse to see another practitioner for consultation. Drug-seeking patients may involve children or the elderly in their scams.

### Manipulative Approaches Often Used by the Drug-Seeking Patient Include:

- Feigning physical problems, such as back pain, a kidney stone or headache in an effort to obtain narcotic drugs.
- Feigning psychological problems, such as anxiety, insomnia, fatigue or depression in an effort to obtain stimulants or depressants.
- Deceiving the practitioner, such as requesting refills more often than originally prescribed.
- Pressuring the practitioner by eliciting sympathy or guilt, or by direct threats.
- Feigning narcolepsy in an effort to obtain amphetamines or methylphenidate.

# What Should a Practitioner Do When Confronted by a Suspected Drug-Seeking Patient?

1. **Be alert for scams.** (see the *Scam of the Month* booklet provided by the BNDD)

2. **Watch for possible signs of a drug-seeking patient:**
   - Patient's residence is distant from your office.
   - Patient claims to be referred by another practitioner.
   - Unusual behavior in waiting room.
   - Patient frequently appears when you are about to commence rounds or frequently requests to be seen late in the day or on a Friday afternoon.
   - Inconsistent signs of acute pain--no signs displayed while waiting but the patient commences to show symptoms when in examination room.
   - Physical exam shows evidence of treatment by other practitioners or abuse of controlled substances (i.e. needle tracks).
   - Patient shows unusual knowledge of controlled substances.
   - Patient requests a specific controlled drug.
   - Patient is reluctant to try a different drug.

3. **Examination and documentation:**
   - Always perform a thorough exam appropriate to the patient's condition.
   - Always document examination results and questions you asked the patient.

   **Questions the treating physician should ask:**
   - What other practitioners are you currently seeing or have seen for this or any other condition?
   - When did you last see the other practitioner?
   - What drugs have previously been prescribed for this condition?
   - Are you currently taking any controlled drugs? What drugs, strength and frequency?
   - Which pharmacy(s) do you use?
   - What over-the-counter drugs are you currently taking?
   - Have you ever been treated for alcohol or chemical dependency?

   - Written answers to these questions on a patient history form are helpful.
   - Discuss standard procedure for evaluating new patients requiring controlled drugs.
   - Request picture I.D., or other I.D. and Social Security number; copy and include in chart.
   - Call previous practitioner, pharmacist or hospital to confirm.
   - Confirm telephone number if provided by patient.
   - Write prescriptions for limited quantities.
   - Ask your patients to update personal and medical information on a periodic basis.

4. **Sharing information on patients:**
   - Attempting to obtain a controlled substance by fraud, deceit or misrepresentation is a felony, and information communicated to a practitioner under these circumstances is not considered privileged or confidential.

- Communicate with the pharmacist about medications a patient is receiving. They are part of the health care team.
- Contact your local law enforcement agency or the BNDD for advice if needed.
- Persons who provide information to the BNDD in good faith are not subject to civil damages as a result.

# Know Yourself and Your Practice – Are You a Source of Drug Diversion?

The American Medical Association outlines four types of practitioners, the "Four D's," who are sources of drug diversion. If you or a colleague fit one of these categories, it's time to evaluate your practice, participate in some continuing medical education (CME) or demonstrate peer concern.

- **Dishonest** or script practitioners, who willfully and knowingly prescribe controlled drugs for purposes of abuse and usually for profit. (frequently termed "script mills")

- **Disabled** or impaired practitioners, whose professional competence has been impaired by substance abuse, alcoholism or other physical or mental disorders.

- **Deceived** practitioners who acquiesce to patients' insistent demands for medication. Typically, these practitioners prescribe drugs in larger amounts or for longer periods of time than are medically indicated. They also continually authorize refills earlier than what the instructions for administration would require.

- **Dated** practitioners who have not kept pace with developments in pharmacology, drug therapy or health care policies. These practitioners are poor prescribers, not because they intend to be, but because they lack information or understanding. They may be prescribing excessive amounts of drugs for exceptionally long periods of time, prescribing types of drugs that are not indicated for the condition or prescribing drugs when another type of therapy is indicated. Continuing medical education (CME) is the key to this problem.

## Helpful Websites - Controlled Substance Information

To obtain a BNDD application: www.health.state.mo.us/BNDD

To verify a Missouri Controlled Substance Registration:
www.health.state.mo.us/BNDD

To view Missouri controlled substance statutes and regulations:
www.dhss.state.mo.us/BNDD

To view the DEA website: www.deadiversion.usdoj.gov

To view the website of any state licensing board in the Division of Professional Registration:

www.pr.mo.gov and then click on the appropriate licensing board

**FOR ADDITIONAL INFORMATION CONTACT:**

Bureau of Narcotics and Dangerous Drugs
P.O. Box 570
Jefferson City, MO 65102
(573) 751-6321

# Caution

The purpose of this information is to educate and inform the prescriber of the regulations and statutes pertaining to controlled substances and make recommendations to assist the practitioner in protecting their practice and patients from diversion, drug abuse and misuse. It is not the intent to reduce or deny the use of controlled substances where medically indicated. Nothing in this booklet shall be construed as authorizing or permitting any person to do any act that is not authorized or permitted under federal or state laws. In addition, none of the policy and information in this booklet may be construed as authorizing or permitting any person to do any act that is not authorized, or refuse to meet any requirements imposed under the regulations published in the most recent publication of the Code of State Regulations or the Revised Statutes of Missouri.